DOCUMENT RESUME

ED 254 760 CG 017 824

AUTHOR Kilpatrick, Dean G.; And Others
TITLE Mental Health Consequences of Criminal Victimization: A Random Community Survey.
SPONS AGENCY National Inst. of Mental Health (DHHS), Rockville, MD.
PUB DATE Aug 84
GRANT NIMH-R01-MH38052
NOTE 10p.; Paper presented at the Annual Convention of the American Psychological Association (92nd, Toronto, Ontario, Canada, August 24-28, 1984). Also sponsored by a grant from the Medical University of South Carolina.
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Community Surveys; Coping; Emotional Response; Females; *Mental Health; *Rape: Sexual Abuse; *Victims of Crime; *Violence

ABSTRACT

Crime victims and their problems have become the focus of considerable attention. In order to determine the effects of sexual assault versus other types of violent crime, and of completed crimes versus those attempted but not completed, 2,004 adult women (a response rate of 84.1%) completed telephone inteviews with female interviewers. Subjects were contacted using random digit dialing. On the basis of their responses to screening questions, respondents were classified into victimization groups ranging from completed forcible rape to aggravated assault to nonvictims, and then were asked questions relating to their overall mental health. The results indicated that victims of violent crimes other than rape experienced some of the same mental health problems (nervous breakdowns, suicide attempts) experienced by victims of rape and sexual molestation. However, the victms of rape and attempted molestation were found to have problems more frequently than other types of victims. While the mental health consequences of completed rape were found to be much worse than attempted rape, attempted molestation and attempted robbery had more negative mental health consequences than did the completed crimes. There was strong evidence that victimization had a profound negative impact on the mental health of victims, and that the majority of these problems came after the victimization experience. (LLL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED254760

Mental Health Consequences of Criminal Victimization: A Random Community Survey *

Dean G. Kilpatrick, Connie L. Best, & Lois J. Veronen

Department of Psychiatry and Behavioral Sciences

Medical University of South Carolina

Charleston, SC 29425

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

X This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Dean G. Kilpatrick

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Paper presented at the American Psychological Association Annual Convention, Toronto, Ontario, Canada, August 1984.

CG 017824

*This research was supported by NIMH Grant No. 1 R01 MH38052 and by a Medical University of South Carolina Institutional Funds grant.

Mental Health Consequences of Criminal Victimization: A Random Community Survey

Statement of Problem

After years of not-so-benign neglect, crime victims and their problems have become the focus of considerable attention (e.g., President's Task Force on Victims of Crime, Final Report, 1982; Siegel, 1983). Without questions, the bulk of empirical research on the psychological impact of criminal victimization has been conducted with victims of sexual assault. This research has produced irrefutable evidence that many sexual assault victims develop clinically significant and persistent problems such as anxiety and fear (Kilpatrick, Resick, & Veronen, 1981; Kilpatrick, Veronen, & Resick, 1979a, 1979b), depression (Atkeson, Calhoun, Resick, & Ellis, 1982; Frank, Turner, & Duffy, 1979), and sexual dysfunction (Becker, Skinner, Abel, Howell, & Bruce, 1982; Norris & Feldman-Summers, 1981). There is also evidence that the effects of victimization are not short-lived but can last for years (e.g., Kilpatrick & Veronen, 1983).

In spite of recent advances in our knowledge, there are still several major unanswered questions. One such question is whether victims of other types of violent crime experience similar types of victimization-induced problems as do sexual assault victims. Common sense, as well as some anecdotal evidence (e.g., Bard & Sangrey, 1979), indicates that other types of violent crimes ought to produce similar problems, but there have been no carefully controlled studies investigating this hypothesis.

A second unanswered question is whether violent crimes that are completed produce worse effects upon the victim than those that are attempted but not completed. Although it is reasonable to assume that any completed victimization is worse than an attempt, some victims state that they find an attempt very disturbing because they do not know what might have happened had the attempt succeeded.

A third unanswered question is whether different kinds of sexual assault produce worse effects than others. Many existing studies aggregate cases of forcible rape and less severe forms of sexual assault such as sexual molestation. While most experts

would hypothesize that rape victims would experience greater problems than sexual molestation victims, there have been no specific investigations of this question.

A fourth major unanswered question is whether the types of crime victims studied to date are representative of all crime victims. As Kilpatrick, Best, and Veronen (1983) observed about sexual assault victim research, samples of victims may not be representative because they have tended to exclude victims who did not report to police or seek services from hospitals or victim service agencies. Nor can samples obtained via media recruitment be presumed to be representative. Thus, the key question is whether a representative sample of crime victims would experience the same kinds of victimization-induced problems as have victims from less representative samples.

The major objective of this paper is to describe the results of an NIMH-funded study specifically designed to provide answers to the aforementioned questions. This study used random survey methodology to locate and interview a representative sample of adult women in the general population about victimization experiences and subsequent development of mental health problems. Types of victimizations included were attempted and completed forcible rape, sexual molestation, robbery, and aggravated assault. Mental health problems investigated were history of a nervous breakdown, serious suicidal ideation, and having made a suicide attempt.

Method

Subjects: Subjects consisted of 2,004 adult (age 18 or greater) female residents of Charleston County, S. C., who comprised a representative sample of community inhabitants. They were located and interviewed by female interviewers from Louis Harris and Associates, who used random digit dialing methodology to conduct the survey via telephone in April 1983. A high percentage (84.1%) of women contacted participated in the study. Women age 29 and under were slightly underrepresented in the sample (sample = 30%, population = 35%), but the sample was highly representative of the population with respect to race and household income.

Procedure: In addition to crime screening questions, the survey gathered data about: a) biographic/demographic characteristics of respondents, b) characteristics of the victimization incident, c) victims' disclosure of the incident and responses to that disclosure, d) victims' help-seeking behavior pre- and post-rape, and e) mental health history.

On the basis of their responses to screening questions, respondents were classified into one of the following, mutually exclusive victimization groups: 1) Completed Forcible Rape (n = 100), 2) Attempted Forcible Rape (n = 79), 3) Completed Sexual Molestation (n = 55), 4) Attempted Sexual Molestation (n = 37), 5) Completed Robbery (n = 65), 6) Attempted Robbery (n = 33), 7) Aggravated Assault (n = 48), and 8) Nonvictims (n = 1,564). (Note: 19 victims of sexual assault could not be classified into the aforementioned categories, and their data have been excluded from subsequent analyses.)

After classification into victimization groups, the percentage of group members responding affirmatively to each of the following mental health questions was determined: 1) Have you ever had a nervous breakdown?, 2) Have you ever felt so hopeless that you thought seriously of killing yourself?, and 3) Have you ever attempted suicide? Sexual assault victims who responded affirmatively to the nervous breakdown and attempted suicide questions were asked about the timing of such events (i.e., before the assault, after the assault, both before and after the assault, or not sure). The timing questions were not asked of robbery and aggravated assault victims because of time limitations in the interview.

The chi square statistic was used to determine whether observed frequencies of affirmative responses across victimization groups on the mental health variables differed significantly from chance expectations.

Results

Presented in Table 1 are percentages of victimization group members experiencing each of the three major mental health problems. For each problem, observed differences

among victimization groups were statistically significant ($p < .0001$).

The first problem was having had a nervous breakdown. The term "nervous breakdown" lacks the specifity of some DSM III diagnoses but is generally understood to mean a relatively serious inability to cope and disruption of normal adaptive behavior patterns. Victims of completed rape (16.0%), attempted rape (8.9%), and completed robbery (7.7%) all had rates that were at least twice as high as the rate for nonvictims (3.3%). The rate for victims of attempted molestation (5.4%) appeared to be somewhat higher than the rate for nonvictims, but the rate for victims of completed molestation (1.8%), aggravated assault (2.1%), and attempted robbery (0.0%) did not differ substantially from that of nonvictims.

With respect to having thought seriously of suicide, victims of completed rape (44.0%), attempted molestation (32.4%), attempted rape (29.1%), completed molestation (21.8%), and aggravated assault (14.9%) had rates at least twice as high as the rate for nonvictims (6.8%). The rates for victims of completed robbery (10.8%) and attempted robbery (9.1%), while somewhat higher than that for nonvictims, did not differ substantially from each other or from nonvictims.

With respect to having made suicide attempt, victims of completed rape (19.0%), attempted robbery (12.1%), attempted rape (8.9%), and attempted molestation (8.1%) all had rates at least twice as high as the rate for nonvictims (2.2%). The rate for victims of aggravated assault (4.3%) was nearly twice as great as that of nonvictims, while the rates for victims of completed molestation (3.6%) and completed robbery (3.1%) were not substantially different from that of nonvictims. It was also determined that 55.0% of all women who had made suicide attempt were crime victims.

For sexual assault victims, data regarding the timing of nervous breakdowns and suicide attempts indicated that the majority of problems occurred after the victimization rather than before. For example, only 1.1% of all sexual assault victims reported having had a nervous breakdown prior to their assault, and only 1.8% of sexual assault victims reported having attempted suicide prior to their assault.

Thus, there was no evidence that sexual assault victims had more mental health problems than nonvictims before their assaults and substantial evidence that victims had more such problems afterwards.

Conclusions

The results of this study provided partial answers to several of the questions it was designed to answer. Victims of other types of violent crimes (i.e., robbery and aggravated assault) do appear to experience some of the same mental health problems after they are victimized as do victims of rape and sexual molestation. However, the victims of attempted rape, completed rape, and attempted molestation appear to have problems more frequently than other types of victims. By far, being the victim of completed rape appears to be much worse than being the victim of other attempted and completed crimes.

Results regarding the effects of attempted vs. completed victimization experiences were mixed. While completed rape was much worse than attempted rape, attempted molestation and attempted robbery had more negative mental health consequences than their completed counterparts. This finding is counterintuitive but may be partially explained by the observation that attempted attacks leave much room for ambiguity in the victim's mind as to what the assailant intended and as to the actual danger she was in. For rape victims, their worst fears may have been realized, and sexual molestation victims know that they were not raped. Robbery victims know that they were not raped. Victims of attacks that were not completed do not know what they escaped. This finding suggests that the victim's cognitive appraisal of an attempted victimization experience may play an important role in whether or not problems develop.

The most disturbing and startling finding of the study was the strong evidence that victimization had a profound negative impact on the mental health of victims and that the vast majority of mental health problems came after the victimization experience. In particular, the finding that nearly one rape victim in five had

attempted suicide and that this suicide attempt rate was 8.6 times higher than the rate for nonvictims is extremely important. Similarly, the finding that 55% of all suicide attempters in a representative sample of community women were crime victims is equally important and has considerable significance for clinicians.

References

Atkeson, B.M., Calhoun, K.S., Resick, P.A., & Ellis, E.M. Victims of rape: Repeated assessment of depressive symptoms. Journal of Consulting and Clinical Psychology, 1982, 50, 96-102.

Bard, M., & Sangrey, D. The crime victim's book. New York: Basic Books, 1979.

Becker, J.V., Skinner, L.J., Abel, G.G., Howell, J., & Bruce, K. The effects of sexual assault on rape and attempted rape victims. Victimology, 1982, 1, 106-113.

Frank, E., Turner, S.M., & Duffy, B. Depressive symptoms in rape victims. Journal of Affective Disorders, 1979, 1, 269-297.

Kilpatrick, D.G., Best, C.L., & Veronen, L.J. Rape victims: Have we studied the tip or the iceberg? Presented at the 91st Annual Convention of the American Psychological Association, Anaheim, Calif., August 1983.

Kilpatrick, D.G., Resick, P.A., & Veronen, L.J. Effects of a rape experience: A longitudinal study. Journal of Social Issues, 1981, 37(4), 105-122.

Kilpatrick, D.G., & Veronen, L.J. The aftermath of rape: A three-year follow-up. Presented at the World Congress on Behavior Therapy, 17th Annual Convention, Association for the Advancement of Behavior Therapy, Washington, D.C., August 1983

Kilpatrick, D.G., Veronen, L.J., & Resick, P.A. The aftermath of rape: Recent empirical findings. American Journal of Orthopsychiatry, 1979, 49(4), 658-669. (a)

Kilpatrick, D.G., Veronen, L.J., & Resick, P.A. Assessment of the aftermath of rape: Changing patterns of fear. Journal of Behavioral Assessment, 1979, 1(2), 133-148. (b)

Norris, J., & Feldman-Summers, S. Factors related to the psychological impacts of rape on the victim. Journal of Abnormal Psychology, 1981, 90(6), 562-567.

President's Task Force on Victims of Crime. President's Task Force on Victims of Crime: Final report. Washington, D.C.: U.S. Government Printing Office, December 1982.

Siegel, M. Crime and violence in America: The victims. American Psychologist, 1983, 38(12), 1267-1273.

Table 1

Proportion of Victimization Groups

Experiencing Major Mental Health Problems

Victimization Group	Problem		
	Had Nervous Breakdown	Thought Seriously Of Suicide	Attempted Suicide
Attempted Rape	8.9%	29.1%	8.9%
Completed Rape	16.0%	44.0%	19.0%
Attempted Molestation	5.4%	32.4%	8.1%
Completed Molestation	1.8%	21.8%	3.6%
Attempted Robbery	0.0%	9.1%	12.1%
Completed Robbery	7.7%	10.8%	3.1%
Aggravated Assault	2.1%	14.9%	4.3%
Nonvictims	3.3%	6.8%	2.2%